



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB4146

Introduced 2/27/2009, by Rep. Elizabeth Coulson

SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-432 new
305 ILCS 5/5-2

from Ch. 23, par. 5-2

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois and the Illinois Public Aid Code. Creates the Center for Women's Heart Health within the Department of Public Health. Provides that the Center shall administer the Women's Heart Disease Prevention, Detection, and Treatment program, in partnership with the Department of Healthcare and Family Services. Provides that the program shall provide screenings for heart disease to all uninsured women, including by means of electron beam tomography. Provides that the Department of Public Health shall make every effort to ensure that program services are made available in rural and medically underserved areas in Illinois, including by means of telemedicine. Provides that coverage of services under the program is not dependent on federal approval, but federal moneys may be used to pay for such services upon federal approval. Provides that women who qualify for services under the program are eligible for coverage of those services under the medical assistance program. Effective immediately.

LRB096 08592 DRJ 18715 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Department of Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by adding Section 2310-432 as follows:

7 (20 ILCS 2310/2310-432 new)

8 Sec. 2310-432. Center for Women's Heart Health.

9 (a) The Center for Women's Heart Health is created within
10 the Department. The Center shall oversee the development of a
11 comprehensive Women's Heart Disease Prevention, Detection, and
12 Treatment program ("the program") for women residents of
13 Illinois. The Center shall administer the program in
14 partnership with the Department of Healthcare and Family
15 Services.

16 (b) The program shall provide services including, but not
17 limited to, electron beam tomography scans of the heart, blood
18 pressure checks, cholesterol checks, blood glucose checks,
19 family history checks, and nutrition education. The program
20 shall provide services to all women residents of Illinois who
21 are uninsured. The program shall provide electron beam
22 tomography services to women residents of Illinois who are
23 insured but whose individual or group insurance policy or

1 managed care plan does not cover those services.

2 (c) There shall be no co-payment or other cost-sharing
3 requirement in connection with any services provided under the
4 program. In the case of a woman who is insured and who receives
5 electron beam tomography services under the program, the
6 receipt of those services shall not count against any annual or
7 lifetime maximum benefit limit imposed under the terms of her
8 insurance policy or managed care plan.

9 (d) If services provided to a woman under the program
10 result in the detection of heart disease, or if a physician
11 licensed to practice medicine in all its branches recommends
12 that a woman who has received services under the program
13 undergo further tests, any treatment or further testing
14 provided under the program shall be consistent with the
15 services provided under the State's approved plan under Title
16 XIX of the Social Security Act.

17 (e) The Department shall make every effort to ensure that
18 services under the program are made available in rural and
19 medically underserved areas in Illinois, including by means of
20 telemedicine.

21 (f) Coverage of services under the program is not dependent
22 on federal approval, but federal moneys may be used to pay for
23 such services upon federal approval.

24 Section 10. The Illinois Public Aid Code is amended by
25 changing Section 5-2 as follows:

1 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

2 Sec. 5-2. Classes of Persons Eligible. Medical assistance
3 under this Article shall be available to any of the following
4 classes of persons in respect to whom a plan for coverage has
5 been submitted to the Governor by the Illinois Department and
6 approved by him:

7 1. Recipients of basic maintenance grants under
8 Articles III and IV.

9 2. Persons otherwise eligible for basic maintenance
10 under Articles III and IV but who fail to qualify
11 thereunder on the basis of need, and who have insufficient
12 income and resources to meet the costs of necessary medical
13 care, including but not limited to the following:

14 (a) All persons otherwise eligible for basic
15 maintenance under Article III but who fail to qualify
16 under that Article on the basis of need and who meet
17 either of the following requirements:

18 (i) their income, as determined by the
19 Illinois Department in accordance with any federal
20 requirements, is equal to or less than 70% in
21 fiscal year 2001, equal to or less than 85% in
22 fiscal year 2002 and until a date to be determined
23 by the Department by rule, and equal to or less
24 than 100% beginning on the date determined by the
25 Department by rule, of the nonfarm income official

1 poverty line, as defined by the federal Office of
2 Management and Budget and revised annually in
3 accordance with Section 673(2) of the Omnibus
4 Budget Reconciliation Act of 1981, applicable to
5 families of the same size; or

6 (ii) their income, after the deduction of
7 costs incurred for medical care and for other types
8 of remedial care, is equal to or less than 70% in
9 fiscal year 2001, equal to or less than 85% in
10 fiscal year 2002 and until a date to be determined
11 by the Department by rule, and equal to or less
12 than 100% beginning on the date determined by the
13 Department by rule, of the nonfarm income official
14 poverty line, as defined in item (i) of this
15 subparagraph (a).

16 (b) All persons who would be determined eligible
17 for such basic maintenance under Article IV by
18 disregarding the maximum earned income permitted by
19 federal law.

20 3. Persons who would otherwise qualify for Aid to the
21 Medically Indigent under Article VII.

22 4. Persons not eligible under any of the preceding
23 paragraphs who fall sick, are injured, or die, not having
24 sufficient money, property or other resources to meet the
25 costs of necessary medical care or funeral and burial
26 expenses.

1 5.(a) Women during pregnancy, after the fact of
2 pregnancy has been determined by medical diagnosis, and
3 during the 60-day period beginning on the last day of the
4 pregnancy, together with their infants and children born
5 after September 30, 1983, whose income and resources are
6 insufficient to meet the costs of necessary medical care to
7 the maximum extent possible under Title XIX of the Federal
8 Social Security Act.

9 (b) The Illinois Department and the Governor shall
10 provide a plan for coverage of the persons eligible under
11 paragraph 5(a) by April 1, 1990. Such plan shall provide
12 ambulatory prenatal care to pregnant women during a
13 presumptive eligibility period and establish an income
14 eligibility standard that is equal to 133% of the nonfarm
15 income official poverty line, as defined by the federal
16 Office of Management and Budget and revised annually in
17 accordance with Section 673(2) of the Omnibus Budget
18 Reconciliation Act of 1981, applicable to families of the
19 same size, provided that costs incurred for medical care
20 are not taken into account in determining such income
21 eligibility.

22 (c) The Illinois Department may conduct a
23 demonstration in at least one county that will provide
24 medical assistance to pregnant women, together with their
25 infants and children up to one year of age, where the
26 income eligibility standard is set up to 185% of the

1 nonfarm income official poverty line, as defined by the
2 federal Office of Management and Budget. The Illinois
3 Department shall seek and obtain necessary authorization
4 provided under federal law to implement such a
5 demonstration. Such demonstration may establish resource
6 standards that are not more restrictive than those
7 established under Article IV of this Code.

8 6. Persons under the age of 18 who fail to qualify as
9 dependent under Article IV and who have insufficient income
10 and resources to meet the costs of necessary medical care
11 to the maximum extent permitted under Title XIX of the
12 Federal Social Security Act.

13 7. Persons who are under 21 years of age and would
14 qualify as disabled as defined under the Federal
15 Supplemental Security Income Program, provided medical
16 service for such persons would be eligible for Federal
17 Financial Participation, and provided the Illinois
18 Department determines that:

19 (a) the person requires a level of care provided by
20 a hospital, skilled nursing facility, or intermediate
21 care facility, as determined by a physician licensed to
22 practice medicine in all its branches;

23 (b) it is appropriate to provide such care outside
24 of an institution, as determined by a physician
25 licensed to practice medicine in all its branches;

26 (c) the estimated amount which would be expended

1 for care outside the institution is not greater than
2 the estimated amount which would be expended in an
3 institution.

4 8. Persons who become ineligible for basic maintenance
5 assistance under Article IV of this Code in programs
6 administered by the Illinois Department due to employment
7 earnings and persons in assistance units comprised of
8 adults and children who become ineligible for basic
9 maintenance assistance under Article VI of this Code due to
10 employment earnings. The plan for coverage for this class
11 of persons shall:

12 (a) extend the medical assistance coverage for up
13 to 12 months following termination of basic
14 maintenance assistance; and

15 (b) offer persons who have initially received 6
16 months of the coverage provided in paragraph (a) above,
17 the option of receiving an additional 6 months of
18 coverage, subject to the following:

19 (i) such coverage shall be pursuant to
20 provisions of the federal Social Security Act;

21 (ii) such coverage shall include all services
22 covered while the person was eligible for basic
23 maintenance assistance;

24 (iii) no premium shall be charged for such
25 coverage; and

26 (iv) such coverage shall be suspended in the

1 event of a person's failure without good cause to
2 file in a timely fashion reports required for this
3 coverage under the Social Security Act and
4 coverage shall be reinstated upon the filing of
5 such reports if the person remains otherwise
6 eligible.

7 9. Persons with acquired immunodeficiency syndrome
8 (AIDS) or with AIDS-related conditions with respect to whom
9 there has been a determination that but for home or
10 community-based services such individuals would require
11 the level of care provided in an inpatient hospital,
12 skilled nursing facility or intermediate care facility the
13 cost of which is reimbursed under this Article. Assistance
14 shall be provided to such persons to the maximum extent
15 permitted under Title XIX of the Federal Social Security
16 Act.

17 10. Participants in the long-term care insurance
18 partnership program established under the Illinois
19 Long-Term Care Partnership Program Act ~~Partnership for~~
20 ~~Long-Term Care Act~~ who meet the qualifications for
21 protection of resources described in Section 15 ~~25~~ of that
22 Act.

23 11. Persons with disabilities who are employed and
24 eligible for Medicaid, pursuant to Section
25 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as
26 provided by the Illinois Department by rule. In

1 establishing eligibility standards under this paragraph
2 11, the Department shall, subject to federal approval:

3 (a) set the income eligibility standard at not
4 lower than 350% of the federal poverty level;

5 (b) exempt retirement accounts that the person
6 cannot access without penalty before the age of 59 1/2,
7 and medical savings accounts established pursuant to
8 26 U.S.C. 220;

9 (c) allow non-exempt assets up to \$25,000 as to
10 those assets accumulated during periods of eligibility
11 under this paragraph 11; and

12 (d) continue to apply subparagraphs (b) and (c) in
13 determining the eligibility of the person under this
14 Article even if the person loses eligibility under this
15 paragraph 11.

16 12. Subject to federal approval, persons who are
17 eligible for medical assistance coverage under applicable
18 provisions of the federal Social Security Act and the
19 federal Breast and Cervical Cancer Prevention and
20 Treatment Act of 2000. Those eligible persons are defined
21 to include, but not be limited to, the following persons:

22 (1) persons who have been screened for breast or
23 cervical cancer under the U.S. Centers for Disease
24 Control and Prevention Breast and Cervical Cancer
25 Program established under Title XV of the federal
26 Public Health Services Act in accordance with the

1 requirements of Section 1504 of that Act as
2 administered by the Illinois Department of Public
3 Health; and

4 (2) persons whose screenings under the above
5 program were funded in whole or in part by funds
6 appropriated to the Illinois Department of Public
7 Health for breast or cervical cancer screening.

8 "Medical assistance" under this paragraph 12 shall be
9 identical to the benefits provided under the State's
10 approved plan under Title XIX of the Social Security Act.
11 The Department must request federal approval of the
12 coverage under this paragraph 12 within 30 days after the
13 effective date of this amendatory Act of the 92nd General
14 Assembly.

15 13. Subject to appropriation and to federal approval,
16 persons living with HIV/AIDS who are not otherwise eligible
17 under this Article and who qualify for services covered
18 under Section 5-5.04 as provided by the Illinois Department
19 by rule.

20 14. Subject to the availability of funds for this
21 purpose, the Department may provide coverage under this
22 Article to persons who reside in Illinois who are not
23 eligible under any of the preceding paragraphs and who meet
24 the income guidelines of paragraph 2(a) of this Section and
25 (i) have an application for asylum pending before the
26 federal Department of Homeland Security or on appeal before

1 a court of competent jurisdiction and are represented
2 either by counsel or by an advocate accredited by the
3 federal Department of Homeland Security and employed by a
4 not-for-profit organization in regard to that application
5 or appeal, or (ii) are receiving services through a
6 federally funded torture treatment center. Medical
7 coverage under this paragraph 14 may be provided for up to
8 24 continuous months from the initial eligibility date so
9 long as an individual continues to satisfy the criteria of
10 this paragraph 14. If an individual has an appeal pending
11 regarding an application for asylum before the Department
12 of Homeland Security, eligibility under this paragraph 14
13 may be extended until a final decision is rendered on the
14 appeal. The Department may adopt rules governing the
15 implementation of this paragraph 14.

16 15. Women who qualify for services under the Women's
17 Heart Disease Prevention, Detection, and Treatment program
18 established under Section 2310-432 of the Department of
19 Public Health Powers and Duties Law of the Civil
20 Administrative Code of Illinois.

21 The Illinois Department and the Governor shall provide a
22 plan for coverage of the persons eligible under paragraph 7 as
23 soon as possible after July 1, 1984.

24 The eligibility of any such person for medical assistance
25 under this Article is not affected by the payment of any grant
26 under the Senior Citizens and Disabled Persons Property Tax

1 Relief and Pharmaceutical Assistance Act or any distributions
2 or items of income described under subparagraph (X) of
3 paragraph (2) of subsection (a) of Section 203 of the Illinois
4 Income Tax Act. The Department shall by rule establish the
5 amounts of assets to be disregarded in determining eligibility
6 for medical assistance, which shall at a minimum equal the
7 amounts to be disregarded under the Federal Supplemental
8 Security Income Program. The amount of assets of a single
9 person to be disregarded shall not be less than \$2,000, and the
10 amount of assets of a married couple to be disregarded shall
11 not be less than \$3,000.

12 To the extent permitted under federal law, any person found
13 guilty of a second violation of Article VIII A shall be
14 ineligible for medical assistance under this Article, as
15 provided in Section 8A-8.

16 The eligibility of any person for medical assistance under
17 this Article shall not be affected by the receipt by the person
18 of donations or benefits from fundraisers held for the person
19 in cases of serious illness, as long as neither the person nor
20 members of the person's family have actual control over the
21 donations or benefits or the disbursement of the donations or
22 benefits.

23 (Source: P.A. 94-629, eff. 1-1-06; 94-1043, eff. 7-24-06;
24 95-546, eff. 8-29-07; revised 1-22-08.)

25 Section 99. Effective date. This Act takes effect upon
26 becoming law.